Please type a plus sign (+) inside this box  $\longrightarrow$  X

**DECLARATION FOR UTILITY OR** 

**DESIGN** 

**PATENT APPLICATION** 

4002-2729

COMPLETE IF KNOWN

Lawrence M. BOYD

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

First Named Inventor

(37 CFR 1	Application Nu	mber					
		Filing Date		-			
Submitted OR	Declaration Submitted after Initia	al Group Art Unit					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	е				
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  TRUNCATED OPEN INTERVERTEBRAL SPACERS							
(Title of the Invention) the specification of which							
is attached hereto							
OR as United States Application Number or PCT International							
was filed on (MM/DD/YYYY) 01/11/2000 (if applicable).							
Application Number PCT/US00/00590 and was amended on (MM/DD/YYYY) 09/07/2000							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attach YES NO	ned?		
PCT/US00/00590	us	01/11/2000	0000	8000			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)		(MM/DD/YYYY)	Additional provisional application				
60/115,388	01/11/199	9	numbers are listed on a				
				ental priority data sheet 02B attached hereto.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box  $\longrightarrow$  X Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

i Direct all correspondence to: I i	Customer Nur or Bar Code L				ORX	Correspondence address below
Name Kenneth A. Gandy @ Woodard, Emhardt, Naughton, Moriarty & McNett						
Address Bank One Center/T	Address Bank One Center/Tower, Suite 3700					
111 Monument Circ	111 Monument Circle Address					
City Indianapolis	City Indianapolis				IN	ZIP 46204-5137
Country <sup>US</sup>		Telephon	317-6	34-34	56	Fax 317-637-7561
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been file	ed for this unsigned inventor
Given Name				Family Name Boyd		
Inventor's Signature Date						Date
Residence: City Durham			State NC	Country US		Citizenship <sup>US</sup>
Mailing Address 25 Birnham La	ne					
Mailing Address						
City Durham	State NC			ZIP 27707		Country <sup>US</sup>
NAME OF SECOND INVENTOR:			<u> </u>	A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) J. Kenneth			Family Name or Surname Burkus			
Inventor's						
Signature			г		T ·	Date
Residence: City Columbus State			State GA		Country US	Citizenship US
Mailing Address 7162 Williams Hill Road						
Mailing Address						
ty Columbus State GA			ZIP 31904 Country US			
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

Please type a plus sign (+) inside this box	X
---	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any	])			Family Na	ame or S	umame	
John D.			Dorchak				
Inventor's Signature						Date	
Residence: City Midland	State GA			Country <sup>US</sup>		Citizenship <sup>US</sup>	
Mailing Address P.O. Box 400							
Mailing Address							
City Midland	Stat	e GA		ZIP 31820	Countr	y <sup>US</sup>	
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Sumame				
Bradley T.			Estés				
Inventor's Signature Date				Date			
Residence: City Memphis	State TN			Country US		Citizenship <sup>US</sup>	
5169 Tarrytown Drive	-						
Mailing Address							
City Memphis	State TN			ZIP 38117 Co		untry US	
Name of Additional Joint Inventor, if any:							
Given Name (first and middle [if any])			Family Name or Sumame				
Eddie F.			Ray, III				
Inventor's Signature						Date	
Residence: City Collierville	State TN			Country <sup>US</sup>		Citizenship <sup>US</sup>	
Mailing Address 1781 Fernhall Cove							
Mailing Address							
City Collierville	State TN			ZIP 38017 C		ountry <sup>US</sup>	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -> +

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## **REGISTERED PRACTITIONER INFORMATION** (Supplemental Sheet)

Registration Number	Name	Registration Number
#16,214		
#18,483	·	
#19,814		
#26,207		
#25,533	ļ	
#28.309	i	
· ·	•	
1		
		, i
The state of the s		
	,	
	•	
		1
#30,0T2		
	'	Í
		-
	i	i
	Number #16,214 #18,483 #19,814 #26,207	#16,214 #18,483 #19,814 #26,207 #25,533 #28,309 #28,840 #28,750 #29,596 #30,123 #30,821 #31,087 #32,201 #32,221 #32,581 #33,386 #35,714 #37,237 #37,996 #39,088 #40,311 #35,102 #39,797 #40,706 #41,996 #40,800 #40,967 #40,036 #41,642 #44,557 #44,642 #44,557 #43,910 #41,359 #43,556 #45,431 #42,021 #29,446 #46,573 #42,931 #45,082

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.